

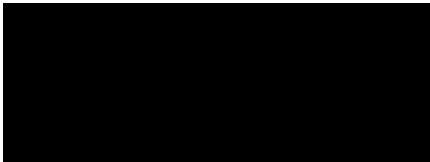
Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Maxon, Joanna</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Fuller Theological Seminary</u>
Address:	<u>135 N. Oakland Ave.</u>
City, State, Zip Code:	<u>Pasadena, CA 91182</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- ☐ Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and marital status

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Joanna was expelled from Fuller Theological Seminary after the school discovered she was married to a woman. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) The discrimination against Joanna remains ongoing, as her same-sex marriage prevents her from being readmitted to complete her degree program. Although the initial act of discrimination took place more than 180 days ago, Joanna's complaint should not be considered time-barred because of the ongoing discrimination.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

X **Yes**

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

See attached declaration

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9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court for the Central District of California

Date Filed: 11/21/19

Case Number or Reference: 2:19-cv-09969-CBM-MRW

Results of Investigations/Findings by Agency or Court: Complaint dismissed based on religious exemption to Title IX provisions, appeal filed and pending

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Prevent conflicts of interest by separating Title IX officer positions from administrative positions involved in enforcing student codes of conduct/honor code and prevent the sharing of information from Title IX office to administrative offices involved in enforcing student codes of conduct/honor code.

Joanna would also like Fuller Theological Seminary's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Fuller in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Fuller will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Fuller's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Fuller, including housing and other programs.

Compensation for emotional distress and economic consequences of expulsion.

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Complaint Form, Consent Form, and Complaint Processing Procedures

12. We cannot accept your complaint if it has not been signed. Please sign and date
your complaint below.

07/07/2021

(Date)

Jul 8, 2021

(Date)



(Signature)

Joanna A Maxon

Joanna A Maxon (Jul 8, 2021 12:17 CDT)

(Signature of person in Item 2)

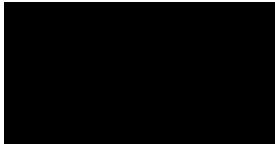
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>McCann, Mackenzie</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Liberty University</u>
Address:	<u>1971 University Blvd.</u>
City, State, Zip Code:	<u>Lynchburg, VA, 24515</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- ☐ Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation and gender identity

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Liberty publishes anti-LGBT policies in its Statement on Sexuality and Relationships and Student Honor Code. Because of these policies, Mackenzie could not express their sexual orientation or gender identity out of fear of being disciplined or expelled. Mackenzie felt forced to leave the school in 2018 without graduating, in order protect their mental health. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) Although the initial act of discrimination took place more than 180 days ago, Mackenzie's complaint should not be considered time-barred because Liberty continues to discriminate against Mackenzie and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

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9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Mackenzie would like Liberty's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Liberty in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Liberty will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Liberty's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Liberty, including housing and other programs.

Compensation for emotional distress and for the economic consequences of needing to leave Liberty without graduating.

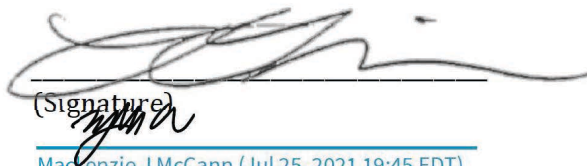
12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/23/2021

(Date)

Jul 25, 2021

(Date)



(Signature)

Mackenzie J McCann (Jul 25, 2021 19:45 EDT)

(Signature of person in Item 2)

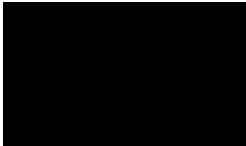
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DISCRIMINATION COMPLAINT FORM
to the
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Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>McDonald, Darren</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Fuller Theological Seminary</u>
Address:	<u>135 N. Oakland Ave.</u>
City, State, Zip Code:	<u>Pasadena, CA, 91182</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- ☐ Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Fuller publishes anti-LGBT policies in its student handbook and does not provide students with clear guidelines regarding what behavior or speech is prohibited by the school. A class Darren attended included anti-LGBT programming. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Darren's complaint should not be considered time-barred because Fuller continues to discriminate against Darren and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

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9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Darren would like Fuller's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Fuller in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Fuller will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Fuller's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Fuller, including housing and other programs.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Darren McDonald

Darren McDonald (Jul 24, 2021 16:59 PDT)

(Signature of person in Item 2)

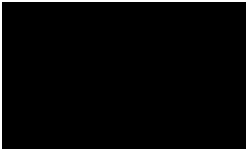
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DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
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1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>McDonald, Darren</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Westmont College</u>
Address:	<u>955 La Paz Rd.</u>
City, State, Zip Code:	<u>Santa Barbara, CA, 93108</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- ☐ Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Westmont publishes anti-LGBT policies in its student handbook. Darren was laughed at and humiliated by other students when he played a gay character in a theater production at Westmont. He did not feel comfortable reporting the incident or other problems related to anti-LGBT discrimination because of Westmont's policies. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Darren's complaint should not be considered time-barred because Westmont continues to discriminate against Darren and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

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Complaint Form, Consent Form, and Complaint Processing Procedures

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Darren would like Westmont's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Westmont in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Westmont will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Westmont's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Fuller, including housing and other programs.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)



(Signature)

Darren McDonald

Darren McDonald (Jul 24, 2021 17:00 PDT)

(Signature of person in Item 2)

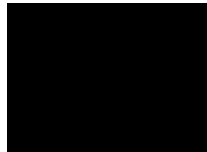
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DISCRIMINATION COMPLAINT FORM
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1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
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Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>McSwain, Scott</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Union University</u>
Address:	<u>1050 Union University Dr.</u>
City, State, Zip Code:	<u>Jackson, TN, 38305</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- ☐ Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation

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5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Union officials told Scott they had been informed that he was gay and that he would be expelled and have all his credits taken away if he did not attend conversion therapy. Union gave Scott vouchers for a specific conversion therapy program. Scott was sexually assaulted by his therapist during one of the conversion therapy sessions and he reported it to Union officials. Union's current student handbook includes anti-LGBT policies including a statement that "The promotion, advocacy, defense, or ongoing practice of a homosexual lifestyle (including same-sex dating behaviors) is also contrary to our community values." Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Scott's complaint should not be considered time-barred because Union continues to discriminate against Scott and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

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Complaint Form, Consent Form, and Complaint Processing Procedures

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

See attached declaration.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Scott would like Union's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Union in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Union will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Union's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Union, including housing and other programs.

Compensation for mental and physical health conditions related to sexual assault and other injuries sustained during conversion therapy sessions required by Union.

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Complaint Form, Consent Form, and Complaint Processing Procedures

12. We cannot accept your complaint if it has not been signed. Please sign and date
your complaint below.

07/24/21

(Date)

Jul 26, 2021

(Date)



(Signature)


Scott McSwain (Jul 26, 2021 11:18 PDT)

(Signature of person in Item 2)

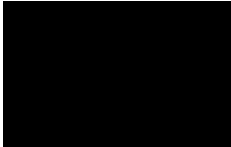
Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Millender, Faith.</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Eastern University</u>
Address:	<u>1300 Eagle Rd.</u>
City, State, Zip Code:	<u>St. Davids, PA, 19087</u>
Department/School:	<u>School of Nursing</u>

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- ☐ Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation

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Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Because of Eastern's official statements vaguely implying that LGBT students are not welcome or recognized, Faith is not comfortable revealing her sexual orientation to some professors and staff. Professors at Eastern are bound by a clause prohibiting "homosexual conduct." Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
- 2) The Trump administration's policies and statements about religious exemptions to Title IX;
- 3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
- 4) Although the initial act of discrimination took place more than 180 days ago, Faith's complaint should not be considered time-barred because Eastern continues to discriminate against Faith and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

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Complaint Form, Consent Form, and Complaint Processing Procedures

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Faith would like Eastern's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Eastern in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Eastern will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Eastern's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Eastern, including housing and other programs.

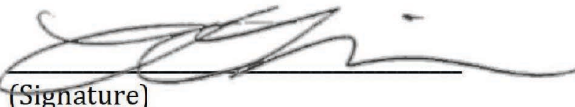
12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/24/21

(Date)

Jul 24, 2021

(Date)


(Signature)


Faith Millender (Jul 24, 2021 14:19 EDT)

(Signature of person in Item 2)

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Complaint Form, Consent Form, and Complaint Processing Procedures

**DISCRIMINATION COMPLAINT
FORM
to the
United States Department of
Education Office for Civil Rights**

1. Name of person filing this complaint:

Last Name, First, Middle

Swain, Lauren

Address:

8532 N. Ivanhoe St., #208

City, State, Zip Code:

Portland, OR 97203

Home/Work Telephone:

[REDACTED]

Email Address:

lauren@paulsouthwick.com

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle

Moulton, Rachel

Address:

[REDACTED]

City, State, Zip Code:

Home/Work Telephone:

Email Address:

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:

Brigham Young University (BYU-I)

Address:

525 Center St.

City, State, Zip Code:

Rexburg, ID, 83460

Department/School:

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

☐ Discrimination **based on sex (specify)**

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures
Discrimination on the basis of sexual orientation

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

BYU-I maintains anti-LGBT policies. Current policy is ambiguous about whether or not same-sex dating will be disciplined. Professors taught anti-LGBT content in many of classes Rachel attended. The LGBT group at BYU-I was not allowed to meet on campus. BYU-I taught that same sex attraction could be "cured." When Rachel realized she could not be "cured", she attempted suicide in her first semester at BYU-I. Rachel felt unwelcome at BYU-I and left the school in 2017. Rachel left again without graduating after returning for an online semester in late 2020 because the discriminatory teachings in the classes Rachel attended were too harmful to her mental health. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) The discrimination against Rachel remains ongoing, as BYU's policies and teaching prevent Rachel from feeling safe enough at BYU to complete her degree program at BYU. Although the initial act of discrimination took place more than 180 days ago, Rachel's complaint should not be considered time-barred because BYU continues to discriminate against Rachel and to promulgate policies and practices that discriminate against LGBTQ+ students.

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Complaint Form, Consent Form, and Complaint Processing Procedures

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Rachel would like BYU's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by BYU in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) BYU will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) BYU's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of BYU, including housing and other programs.

Compensation for emotional distress and for the economic consequences of not being able to complete her degree.

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Complaint Form, Consent Form, and Complaint Processing Procedures

12. We cannot accept your complaint if it has not been signed. Please sign and date
your complaint below.

07/23/2021

(Date)

Jul 23, 2021

(Date)



(Signature)

Rachel Moulton
Rachel Moulton (Jul 23, 2021 13:50 PDT)

(Signature of person in Item 2)

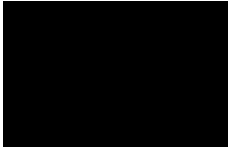
Page 1 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Mueller, Journey</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Colorado Christian University (CCU)</u>
Address:	<u>8787 W. Alameda Ave.</u>
City, State, Zip Code:	<u>Lakewood, CO 80226</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- ☐ Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

CCU publishes anti-LGBTQ+ policies in its student handbook and encourages students to report violations of its policies by other students. Journey's roommates locked her in her dorm room and forced her to confess her sexual orientation, then reported her to school officials. In response, CCU officials placed Journey on academic probation, removed her from her housing, and required her to attend conversion therapy and mentorship meetings. CCU blocked access to LGBTQ+ -affirming resources on their wi-fi service. As a result of this mistreatment, Journey's mental health suffered to the point where she felt compelled to leave CCU before completing her degree. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Journey's complaint should not be considered time-barred because CCU continues to discriminate against Journey and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Journey would like CCU's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by CCU in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) CCU will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) CCU's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of CCU, including housing and other programs.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/29/2021

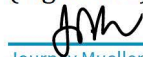
(Date)

Aug 2, 2021

(Date)



(Signature)




Journey Mueller (Aug 2, 2021 12:40 MDT)

(Signature of person in Item 2)

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Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of
Education Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Penales, Veronica Bonifacio</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Baylor University</u>
Address:	<u>1311 S. 5th St.</u>
City, State, Zip Code:	<u>Waco, TX, 76706</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- ☐ Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Baylor publishes a statement on sexuality that includes anti-LGBT policies. The statement urges students "struggling" with same sex attraction to seek counseling. Baylor claims in its Civil Rights policy that it is exempt from compliance with select civil rights laws on the basis of religious exemption. As a result of these policies, Veronica does not feel free to express her sexual orientation while attending Baylor. When Veronica reports harassment hateful anti-LGBT statements from other students, officials at the school do not address it and instead tell her to seek counseling. As a result, Veronica has stopped reporting hate speech to the school staff. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

- 1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Veronica's complaint should not be considered time-barred because Baylor continues to discriminate against Veronica and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

Yes

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

See attached declaration.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information is **not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Veronica would like Baylor's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Baylor in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Baylor will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Baylor's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Baylor, including housing and other programs.


12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/23/2021

(Date)

Jul 24, 2021

(Date)


(Signature)
Veronica Bonifacio Penales
<https://secure.na3.adobe.com/verifier?tx=CBJCHBCAABAASvUVcNWx92NGATNtmfNJPU9rpI9Hq-HG>
Veronica Bonifacio Penales (Jul 24, 2021 17:29 CDT)
(Signature of person in Item 2)

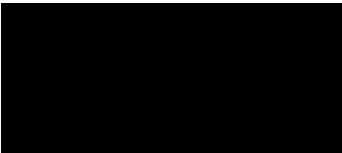
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Complaint Form, Consent Form, and Complaint Processing Procedures

DISCRIMINATION COMPLAINT FORM
to the
United States Department of Education
Office for Civil Rights

1. Name of person filing this complaint:

Last Name, First, Middle	<u>Swain, Lauren</u>
Address:	<u>8532 N. Ivanhoe St., #208</u>
City, State, Zip Code:	<u>Portland, OR 97203</u>
Home/Work Telephone:	
Email Address:	<u>lauren@paulsouthwick.com</u>

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name, First, Middle	<u>Picker, Jake</u>
Address:	
City, State, Zip Code:	
Home/Work Telephone:	
Email Address:	

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution:	<u>Baylor University</u>
Address:	<u>1311 S. 5th St.</u>
City, State, Zip Code:	<u>Waco, TX, 76706</u>
Department/School:	

4. The regulations OCR enforces prohibit discrimination on the basis of race, color, national origin, sex, disability, age or retaliation. Please indicate the basis of your complaint:

- ☐ Discrimination **based on sex (specify)**

Discrimination on the basis of sexual orientation.

Page 2 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

5. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

Baylor publishes a statement on sexuality that includes anti-LGBT policies. Jake fears that his sexual orientation will affect the way he is treated as a student of Baylor and may subject him to discipline that could affect his career in medicine. An LGBTQ student group at Baylor has been repeatedly denied official status. Please see attached declaration.

6. What is the most **recent date** you were discriminated against?

Date: Current, Ongoing

7. If this date is **more than 180 days ago**, you may request a waiver of the filing requirement.

X I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why you waited until now to file your complaint.

1) the Covid-19 pandemic;
2) The Trump administration's policies and statements about religious exemptions to Title IX;
3) The Trump administration's policies and statements about Title IX not prohibiting discrimination on the basis of sexual orientation or gender identity.
4) Although the initial act of discrimination took place more than 180 days ago, Jake's complaint should not be considered time-barred because Baylor continues to discriminate against Jake and to promulgate policies and practices that discriminate against LGBTQ+ students.

8. Have you attempted to resolve these allegations with the institution through an internal grievance procedure, appeal or due process hearing?

No

If you answered **yes**, please describe the allegations in your grievance or hearing, identify the date you filed it, and tell us the status. If possible, please provide us with a copy of your grievance or appeal or due process request and, if completed, the decision in the matter.

See attached declaration.

Page 3 of 4 – U.S. Department of Education, Office for Civil Rights Discrimination
Complaint Form, Consent Form, and Complaint Processing Procedures

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court: U.S. District Court - District of Oregon - Eugene Division

Date Filed: 03/29/21

Case Number or Reference: 6:21-cv-00474-AA

Results of Investigations/Findings by Agency or Court: Pending

10. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required**, but it will be helpful to us.

Not applicable

11. What would you like the institution to do as a result of your complaint — what remedy are you seeking?

Jake would like Baylor's policies amended to state that (1) same-sex dating relationships and displays of affection will be treated by Baylor in the same manner as opposite-sex dating relationships and displays of affection; (2) students will not be punished for coming out as LGBTQ+ or for expressing their sexual or gender identity (through pronouns, clothing, hair, makeup, etc.); (3) Baylor will not encourage or facilitate conversion therapy or any other sexual or gender orientation change efforts; (4) students who report sexual or physical assault will be granted safe harbor from discipline relating to sexual activity or other code of conduct violations; and (5) Baylor's non-discrimination policy includes sexual orientation and gender identity as applied to all aspects of Baylor, including housing and other programs.

12. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

07/23/2021

(Date)

Jul 23, 2021

(Date)


(Signature)

Jake Picker Jul 23, 2021 16:25 CDT

(Signature of person in Item 2)